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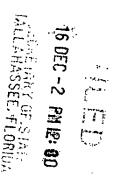
(Re	equestor's Name)	
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COVER LETTER

	istration Sectision of Corp			•
SUBJECT:	BRUNCK TI	RUCKING LLC		
SOBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		BRUNCKES FRANCOIS		
			Name of Person	
		BRUNCK TRUCKING LL	c	
			Firm/Company	
		1112 ORANGE GROVE L	N	
			Address	<u> </u>
		APOPKA FLORIDA 32712	2	
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notific	ation)
For further in	formation cor	cerning this matter, please ca	11:	
BRUNCKES	S FRANCOIS		321 246-4057 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		~
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUNCK TRUCKING LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited I	Liability Company	were filed on 10/18	/2016	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here	:	
BRUNCK TRANSPORT LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	1112 ORANGE G	ROVE LN	
(Principal office address MUST BE A STREET ADDRES		APOPKA FLORIDA 32712		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 3. If amending the registered agent and	l/or registered o		ur records, enter the	name of the
egistered agent and/or the new registered of	onice address her	<u>e:</u>	OR)	is the
Name of New Registered Agent:	BRUNCKES F	FRANCOIS	D,4	ිරී
New Registered Office Address:	1112 ORANGI			
		Enter Florida	street address	,
	АРОРКА		, Florida	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LIDIA FRANCOIS	1112 ORANGE GROVE LN	□ Add
	APOPKA FLORIDA 32712	■ Remove	
			Change
			Add
			□ Remove
			Change
		_	Add
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41 611.	ve date, if other than the date of filing:
cum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
me	Sour day after the record is med.
	NOVEMBER 29 2016
ited	140 V LIVIBLE 25 2010
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ated .	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00